CALIFORNIA PURI IC LITTI ITIES

CF	COMMISSI Advice Letter Filing S	ON				
Comp	oany Name:	<u> </u>		CPUC Utility Number U		
Address:						
City,	State, Zip:					
AL #: Requested Effective		d Effective Date:	Date: Resol		ution Required?	
	Contact Name:	Email Address:		Phone No.:	Fax No.:	
Filer						
Alternate					No. Tariff Sheets:	
(Name, email address & Phone and FAX numbers are required for "Filer") Annual Revenue Change: \$						
(Service(s) included) Authorization for filing: (Resolution #, Decision #, etc.) Related Advice Letter(s): (Similar service, replacement filing)						
Notes/Comments:(Other information & reference to advice letter, etc.)						
Send I days to	Protest and/or Correspondence vo:		Director, Water Division 505 Van Ness Ave., San Francisco, CA 94102			
and if	you have email capability, also en	nail to: water_division@	water_division@cpuc.ca.gov			
Protest also <u>must be served</u> on utility: (see utility advice letter for more information)						
		(FOR CPLIC II)	SE ONL V)			

(Date Filed / Received Stamp by CPUC)

□ WTS Program/Activity/Type	Supv. / Analyst/			
☐ Resolution Required	Due Date to Supv.:			
☐ WD Suspension on://	Analyst Completion Date:			
Comm. Suspension on://	Supervisor Approval Date:			
Resolution No.: W	AL / Tariff Effective Date:			
Rev. 04/01/05	Notes:			